

SITE INFORMATION FORM
(Add/Change/Delete)
Office of State Lands
(INFORMATION REQUIRED FOR LaGOV)

ACTION REQUESTED	<input type="checkbox"/> ADD A NEW SITE <i>(Certified Copy of Conveyance doc & <u>Legible Survey Plat Required</u>)</i> <input type="checkbox"/> ADD TO AN EXISTING SITE <i>(Certified Copy of Conveyance doc & <u>Legible Survey Plat Required</u>)</i> <input type="checkbox"/> CHANGE INFORMATION FOR AN EXISTING SITE <i>(i.e. name change, contact info, etc.)</i> <input type="checkbox"/> ADD LEASED OR NON-STATE OWNED SITE FOR INSURANCE PURPOSES ONLY <i>(Copy of Agreement & <u>Survey Plat or GPS Coordinates Required</u>)</i> <input type="checkbox"/> DISPOSE OF A PORTION OF AN EXISTING SITE <i>(Certified Copy of Conveyance doc & <u>Legible Survey Plat of Entire Site outlined in GREEN w/Disposed Parcel outlined in RED is Required</u>)</i> <input type="checkbox"/> INACTIVATE ENTIRE SITE <i>(Certified Copy of Conveyance doc Required)</i>				
Effective Date: _____					
OWNER DEPT/AGENCY	Dept Code - Name Office Code - Name - -		FUND		FUNDS CENTER -
CONTACT (Business Partner): Name and Title		E-Mail		FAX	
Address		Phone Number- Primary		Phone Number- Secondary	
BUSINESS ENTITY (aka SITE CODE) (Leave blank if NEW SITE)			NAME OF SITE		
PHYSICAL LOCATION OF SITE (Street address or nearest intersection)			USAGE/FUNCTION OF SITE		
CITY, STATE, ZIP			GPS COORDINATES Source <input type="checkbox"/> Hand Held Device <input type="checkbox"/> Survey Plat		
PARISH			TOTAL ACREAGE OF ENTIRE SITE		
LEGAL PROPERTY DESCRIPTION (as it is to appear in LaGOV)					
ADDITIONAL NOTES: (i.e. Reversionary Clause, Acts of Legislation, Ownership exceptions, etc.)					